

# FAMILY WEALTH PRESERVATION QUESTIONNAIRE

## Part 1

(Information provided will be held in the *strictest confidence*.)

ESTATE PLAN FOR \_\_\_\_\_

### INTRODUCTION

This booklet is designed to organize your affairs and is divided into the following sections:

- |                           |                          |
|---------------------------|--------------------------|
| A) Family Information     | C) Financial Information |
| B) Existing Documentation | D) Disposition of Estate |

***Please furnish us the information at the Client Orientation Meeting  
Or in no event less than two (2) days before your  
Initial meeting with the attorney.***

#### OBJECTIVES:

(Please prioritize your objectives numerically: 1 = most important; 10 = least important.)

- Maintaining Control Over Your Person and Affairs
- Protection from Administrative Expense and Delay
- Save Federal Gift and Estate Tax
- Income Tax Reduction
- Assure Lifestyle
- Passing Value and Responsibility to Family Members
- Protection from Government and Lawsuits
- Managing the Value of the Family Business
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**A. FAMILY INFORMATION**

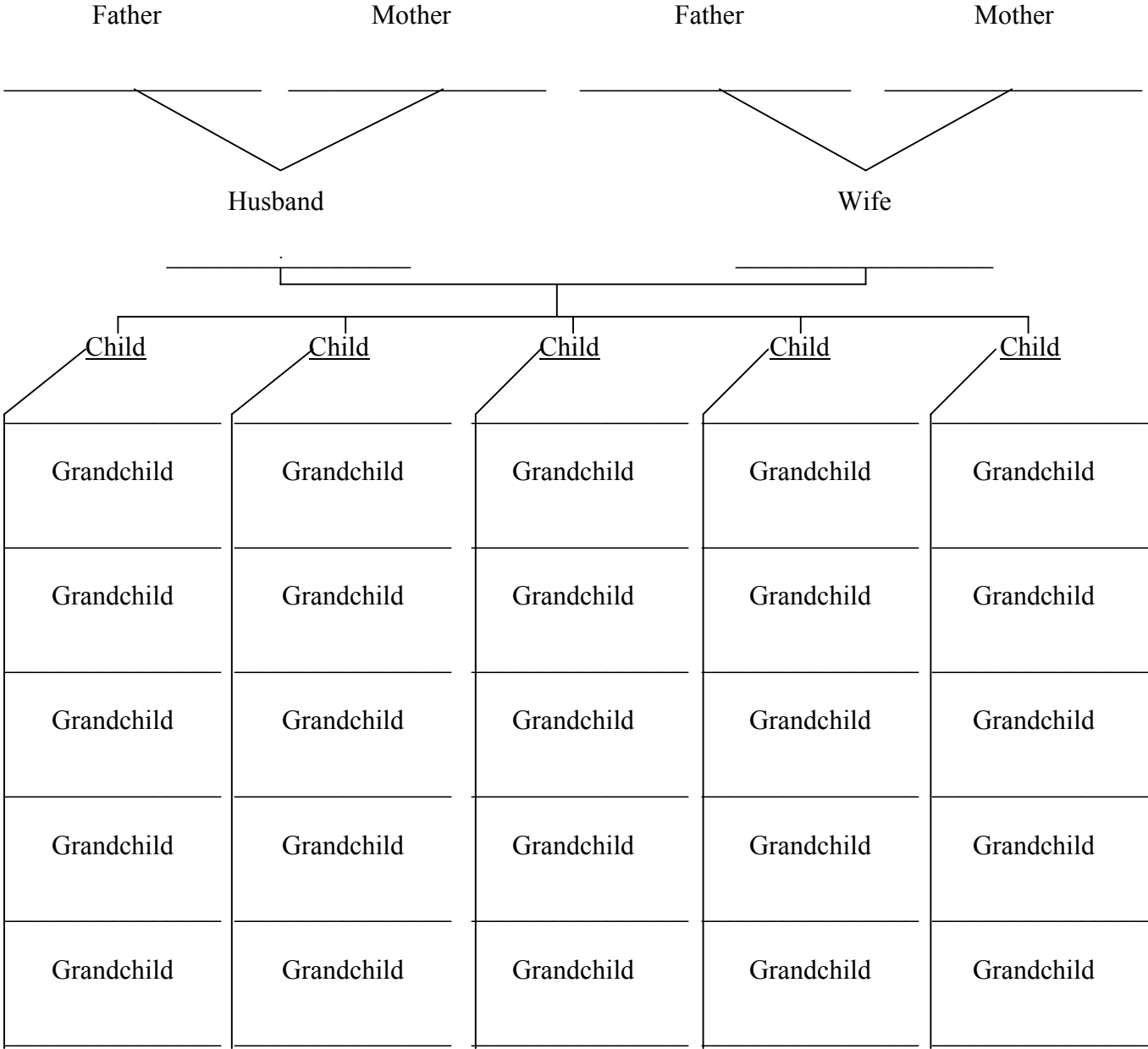
**HUSBAND**

**WIFE**

FULL NAME (First, Middle, Last)	_____	_____
OTHER NAMES USED	_____	_____
HOME ADDRESS (Street)	_____	_____
(City/State/Zip)	_____	_____
(County)	_____	_____
HOME PHONE (include area code)	_____	_____
SOCIAL SECURITY NUMBER	_____	_____
DATE OF BIRTH (month/day/year)	_____	_____
PLACE OF BIRTH (City/State)	_____	_____
HEALTH:	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
RESIDENTS OF WASHINGTON	YES <input type="checkbox"/> SINCE _____ NO <input type="checkbox"/>	
HAVE YOU EVER LIVED IN ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
U.S. CITIZEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF MARRIAGE (month/day/year)	_____	
WAS THERE A PRE-MARITAL AGREEMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
RETIRED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
OCCUPATION/BUSINESS?	_____	_____
BUSINESS ADDRESS (Name)	_____	_____
(Street)	_____	_____
(City/State/Zip)	_____	_____
BUSINESS PHONE (include area code)	_____	_____
FATHER'S NAME	_____	_____
MOTHER'S NAME	_____	_____

# FAMILY TREE

Please complete a family tree charting the relationship and names of your beneficiaries.



**B. EXISTING DOCUMENTATION**

**IMPORTANT:** Please provide **copies** of the following documents for your meeting with the attorney:

- ✓ Prior Wills/Trusts-All prior Wills and Trust Agreements of you and your spouse.
- ✓ Other Legal Documents-Any and all Power of Attorneys, Living Will Declarations, Medical Powers or Health Care Surrogate Designations prepared for you and/or your spouse.
- Have you ever given a Power of Attorney to another?                    YES                     NO   
     If so, to whom and when? \_\_\_\_\_

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- ✓ Insurance-All life insurance policies and any insurance study prepared for you and/or your spouse.
- ✓ Deeds-All titles or property deeds to real estate, including your residence.
- Is your residence within the city limits?    YES                     NO
- Please state the size or acreage of your "homestead": \_\_\_\_\_
- ✓ Titles to Vehicles-All titles or certificates to auto(s), boat(s), plane(s), etc.
- ✓ Leases-all leases to property or equipment.
- ✓ Nuptial Agreement-All pre-nuptial, post-nuptial or other marriage agreements.
- ✓ Income Tax Returns-Your last two (2) income tax returns that have been files.
- ✓ Gift Tax Returns-Any gift tax returns.
- ✓ Retirement Plan Documentation-All retirement plan documents including, but not limited to IRA, 401K, Profit Sharing, and Pension Plans.
- ✓ Valid Photo Identification-This may include your Drivers License, current Passport, State Identification Card, or Military Identification.

**PREVIOUS GIFTS:** (Do not include gifts to charity or gifts of less than \$10,000.)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____
_____	_____	\$ _____	____ / ____ / ____	____ / ____ / ____

## C. FINANCIAL INFORMATION

**Directions:** Complete this form by supplying the current value of your property and any debts below. If you have a personal financial statement, you may substitute it in place of this checklist and complete only those items below regarding you Retirement Benefits and Insurance.

PROPERTY	HUSBAND'S PROPERTY	WIFE'S PROPERTY	JOINTLY OWNED	OTHER JOINT OWNER	ESTIMATED GROWTH RATE
Residence	\$ _____	\$ _____	\$ _____	_____	%
Other Real Property	\$ _____	\$ _____	\$ _____	_____	%
Bank Accounts	\$ _____	\$ _____	\$ _____	_____	%
Money Market Accounts	\$ _____	\$ _____	\$ _____	_____	%
Certificates of Deposit	\$ _____	\$ _____	\$ _____	_____	%
Annuities	\$ _____	\$ _____	\$ _____	_____	%
Business Interests	\$ _____	\$ _____	\$ _____	_____	%
Partnership Interests	\$ _____	\$ _____	\$ _____	_____	%
Stocks	\$ _____	\$ _____	\$ _____	_____	%
Bonds	\$ _____	\$ _____	\$ _____	_____	%
Accounts Receivable, Mortgages Receivable, and Other Notes	\$ _____	\$ _____	\$ _____	_____	
Retirement Benefits (e.g. IRA, 401K, Pension Plan)	\$ _____	\$ _____	\$ _____	_____	%
Other Assets:					
(a) Automobiles	\$ _____	\$ _____	\$ _____	_____	
(b) Art, Stamps, or Other Collections	\$ _____	\$ _____	\$ _____	_____	%
(c) Cash Value of Life Insurance	\$ _____	\$ _____	\$ _____	_____	%
(d) Oil/Gas Interests	\$ _____	\$ _____	\$ _____	_____	
(e) Household Property	\$ _____	\$ _____	\$ _____	_____	
(f) Boat(s)	\$ _____	\$ _____	\$ _____	_____	
(g) Other (Antiques)	\$ _____	\$ _____	\$ _____	_____	
<b>TOTAL PROPERTY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>		
<b>DEBTS</b>					<b>Interest Rate</b>
Residence Estate Mortgage(s)	\$ _____	\$ _____	\$ _____	_____	%
Loans	\$ _____	\$ _____	\$ _____	_____	%
Credit Cards	\$ _____	\$ _____	\$ _____	_____	%
Other Debts	\$ _____	\$ _____	\$ _____	_____	%
<b>TOTAL DEBTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>		
<b>NET WORTH</b> (Property less Debts)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>		

OTHER CONSIDERATION: Please indicate whether any of the following considerations apply to you:

- Do you have any minor children? YES  NO
- Do you have any children with disabilities currently receiving public Assistance or benefits or who may receive them in the future? YES  NO
- Is this a second marriage for you (or your spouse)? YES  NO
- Are you concerned about who will handle your affairs should you Become disabled? YES  NO
- Do any of your loved ones suffer from a substance abuse problems? YES  NO
- Are you concerned about your loved one's abilities to handle any Future inheritance? YES  NO
- Do you have any concerns over your children's creditors or liabilities? YES  NO
- Do you own a business or have any rental property? YES  NO
- Do you own any real estate outside of Washington state? YES  NO

If yes, where is the property located? \_\_\_\_\_

- Are you or your spouse beneficiaries or trustees of any trust? YES  NO
- Do you or your spouse have a power of appointment under any trust? YES  NO
- Do you or your spouse anticipate receiving an inheritance? YES  NO

Please list any other considerations that are important to planning for you and your loved ones?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>LIFE INSURANCE</b>				
COMPANY NAME				
POLICY NUMBER				
TYPE (Term, Whole Life, Universal, Variable)				
FACE AMOUNT				
CASH SURRENDER VALUE				
INSURED NAME				
OWNER (Who pays premiums?)				
BENEFICIARY NAME				
AGENT NAME				
AGENT ADDRESS				
AGENT PHONE NUMBER				

<b>DISABILITY INSURANCE</b>				
COMPANY NAME				
POLICY NUMBER				
FACE AMOUNT				
AGENT NAME				
AGENT ADDRESS				
AGENT PHONE NUMBER				

<b>PROPERTY AND CASUALTY INSURANCE</b>				
COMPANY NAME				
POLICY NUMBER				
POLICY LIMITS				
PRIMARY INSURED				
CO-INSURED PARTY				
AGENT NAME				
AGENT ADDRESS				
AGENT PHONE NUMBER				

## D. DISPOSITION OF ESTATE

What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make.

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**CHARITABLE INTERESTS:** \_\_\_\_\_

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**SPECIFIC GIFTS:**

NAME OF RECIPIENT	AMOUNT	DESCRIPTION OF GIFT	RELATIONSHIP	ADDRESS